

PADSTOW URBAN DISTRICT COUNCIL

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ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH.

YEAR ENDING 31st DECEMBER, 1964.

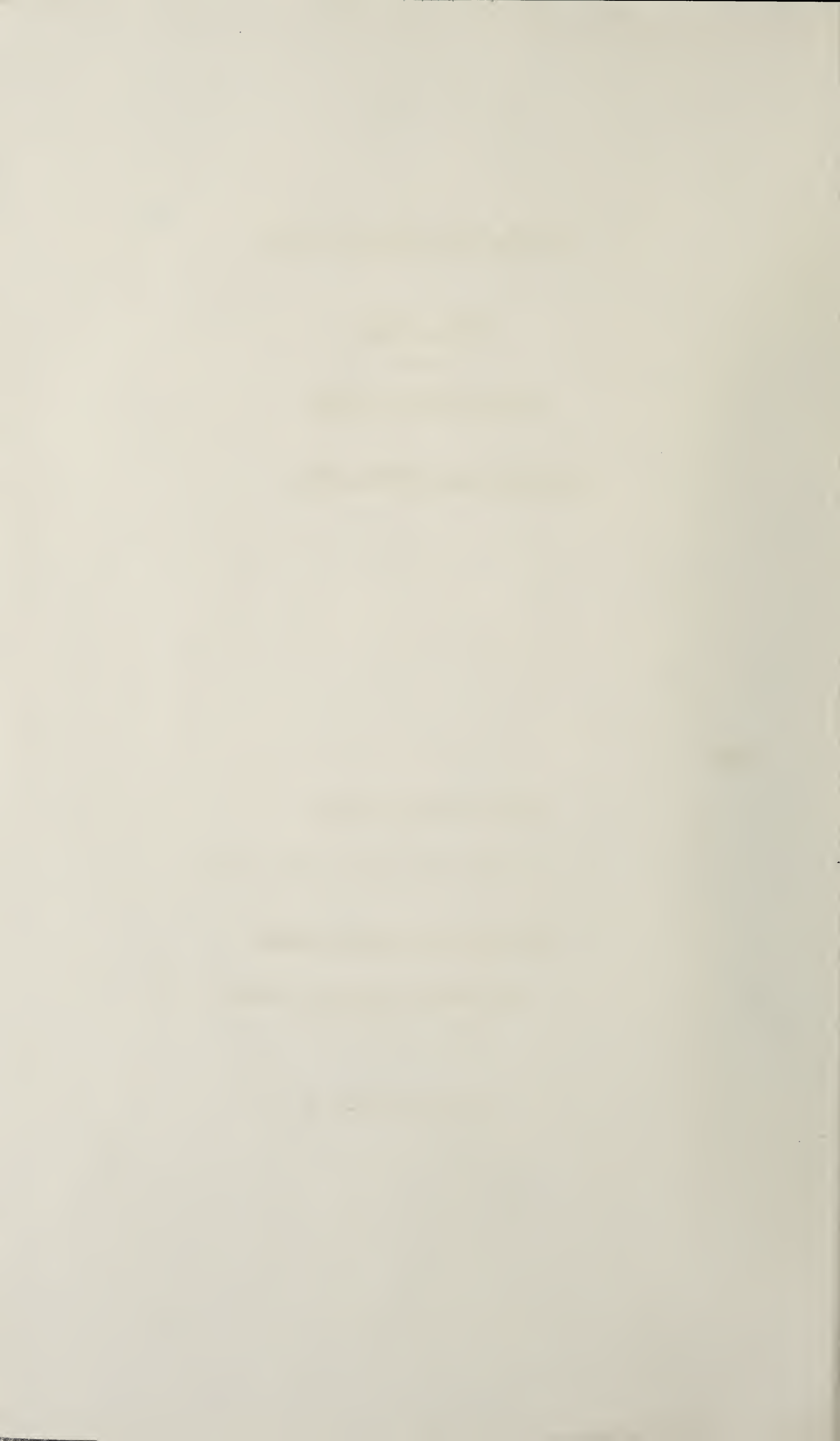
STAFF

MEDICAL OFFICER OF HEALTH

J. Reed, M.B., Ch.B., B.Sc., D.P.H.

SURVEYOR & PUBLIC HEALTH OFFICER

R.A. Cutlack, Testamur I. Mun.E.,
Cert. R.S.H.



1. GENERAL STATISTICS.

Estimated Mid-Year Population	2,590
Area in Acres	3,340
Number of Inhabited Houses	1,038
Rateable Value	£77,260
Product of Penny Rate	£306
Comparability Factors	Births 1.09
	Deaths 0.85

2. VITAL STATISTICS.

Births.

Registered Live Births, 1964.

	Male.	Female.	Total.
Legitimate	17	21	38
Illegitimate	1	1	2
	18	22	40

Birth Rate per 1,000 population	15.4
Birth Rate, England & Wales	18.4
Comparable Birth Rate	16.7

Deaths.

Registered Deaths, 1964.

	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
	22	18	40
Crude Death rate per 1,000 population	15.4		
Death rate, England & Wales	11.3		
Comparable Death Rate	13.0		

No infant deaths were recorded, and no still births were registered.

Deaths by Cause.

	<u>Male.</u>	<u>Female.</u>
Heart Disease	10	8
Cerebro Vascular Disease	1	3
Respiratory Disease	3	1
Cancer	5	1
Accident	1	1
All other causes	3	5
	22	18

Of the total deaths, 27 occurred over the age of 65 years, 21 of these being over 75 years.



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11. GENERAL PROVISION OF HEALTH SERVICES.

1. Hospitals. There were no changes in the hospital services for the district in 1964. General medical and surgical needs are supplied principally by the Royal Cornwall Infirmary, Truro, with outpatient facilities and limited in-patient services at the Newquay and District Hospital, and the East Cornwall Hospital in Bodmin. Clinics for Chest diseases are also held at Newquay and Bodmin. The comprehensive outpatient department planned for the St. Lawrence's Hospital has now been postponed for some considerable time.
2. Laboratory Services. On the retirement of the County Pathologist, Dr. Hocking, an independent laboratory for Public Health work has been established at Truro under the direction of Dr. Barrow. All samples are now submitted to the new laboratory.
3. Local Authority Services.
 1. Ambulance Service. The main source of hospital transport is from the County Station situated in Bodmin. All vehicles are radio-controlled. A supplementary cover is provided by the Padstow Detachment of the British Red Cross Society.
 2. Home Nursing, Midwifery & Health Visiting. Two nurses undertake combined duties in Padstow. Twenty domiciliary confinements were attended during 1964, a larger proportion of cases having been confined in hospital.
 3. Infant Welfare. The centre continued in the Church Hall each month. Advice on child care, and all protective inoculations are available. Most valuable assistance is given by Voluntary Workers, for which I am very grateful. The inadequacy of the premises naturally limits considerably the kind of work which can be undertaken.
 4. Vaccination & Immunisation. Protective inoculations against diphtheria, whooping cough, tetanus, smallpox and poliomyelitis are available at the Infant Welfare Centre and General Practitioners. Booster doses are also available at school. Vaccination against tuberculosis is available to children entering secondary schools.
 5. Home Help Service. Domestic help continued to be provided through the agency of the W.V.S. Assistance is given mainly to the elderly infirm. A full-time organiser now supervises this service.

111. SANITARY CIRCUMSTANCES.

Water Supply. The greater part of the water supply to the Urban district is taken from the North Cornwall Water Board's De Lark source. During 1964 the supply was supplemented on a few occasions with water from the original supply at Crackrattle. Thirty seven samples were submitted from the town and Trevone. All but 5 were satisfactory. Re-sampling on these occasions produced satisfactory results. Raw water going into supply shows a variable number of coliform organisms, and is known to have a low fluoride content. The average Ph. is 8 and the water is not plumbo-solvent. Twenty five houses (75 persons) are not connected to the mains supply.

Sewerage and Sewage Disposal. Crude sewage is discharged into the river Camel estuary. The Council accept this system as unsatisfactory and are considering the possibility of modernising the present sewerage to provide for adequate treatment before discharging into the estuary. Trevone is also discharged without treatment to a satisfactory sea-outfall. There is unfortunately a length of sewer which is incapable because of gradient to cope with peak demands, and occasionally gives rise to overflow. The Council have engaged the services of a Consultant Engineer to prepare a scheme for relieving this particular section.

Refuse Disposal. The Council's tip at Credis continued in use, and a new lease until March, 1966, has been negotiated. No complaints were received during the year concerning the tip's supervision.

Caravan Sites. There were no changes in the provision of sites during 1964. Cars and sleeping vans continue to create nuisances in lay-bys and grass verges during the holiday period.

Public Health Inspections.

Summary of Visits.

Houses (Excluding Council property)	6
Food Premises	17
Milk & Dairies	4
Sewerage	23
Caravan Sites	1
Food & Drugs	3
Pig Food Plant	1
Factories & Outworkers	-
Others	21
	<hr/> 76

IV. FOOD & DRUGS.

Milk & Ice-cream. Seven retail distributors of milk were registered and ten premises were registered for the sale of ice-cream.

V. FACTORIES & WORKSHOPS.

Six factories are on the Council's register. No complaints were reported in relation to sanitary provisions. No outworkers were notified.

VI. HOUSING.

The Council completed 15 bungalows during 1964. No statutory notices were served to secure house repairs. Three families were rehoused from accommodation upon which undertakings not to relet were secured.

VII. PREVALENCE & CONTROL OF INFECTIOUS DISEASES.

Notified infectious diseases in 1964 were:-

Measles 6. Pulmonary Tuberculosis 4.

Scarlet Fever 1.

The 4 cases of pulmonary tuberculosis occurred in one

family. An acute exacerbation of the disease in the mother resulted in primary infection of three children. The mother subsequently died, the children recovered and have since left the district. By the end of 1964 there remained only 3 cases of notified tuberculosis on the register. Two have subsequently been discharged leaving but a single case.

A good response was obtained for B.C.G. vaccination of Secondary School entrants, but the proportion of infants protected against Diphtheria, Tetanus, Whooping Cough (64%) and Poliomyelitis (60%) is still below the desired level.

In conclusion, may I express my thanks to the Council and Staff for their continued help throughout the year.

Your obedient servant,

JOHN REED.

